

Waiver Form

LEA: _____ School: _____

Check: ☐ Elem (K-5) ☐ Elem/MS (K-8) ☐ MS ☐ HS ☐ Other (explain) _____

Teacher (Print Name): _____ Teacher Signature: _____

Class Size Waiver

Complete monitoring questions, sign, and send to your Monitoring Consultant.

We verify that all of the assigned special education staff is being utilized to address appropriate instructional class sizes.
Approval is requested to exceed the maximum class size in NC Policies Governing Services for Children with Disabilities (NC 1508-1).

Principal's Signature/Date: _____ _/ _/ _

EC Director's Signature/Date: _____ _/ _/ _

Superintendent's Signature/Date: _____ _/ _/ _

For DPI Use ONLY

☐ Approved ☐ Not Approved

Consultant Signature/Date: _____

Caseload Waiver

Complete and send to your Monitoring Consultant.

All of the assigned special education staff is being utilized to address appropriate instructional caseload.
Approval is requested to exceed maximum caseload in NC Policies Governing Services for Children with Disabilities (NC 1508-1).

Principal's Signature/Date: _____ _/ _/ _

EC Director's Signature/Date: _____ _/ _/ _

Superintendent's Signature/Date: _____ _/ _/ _

For DPI Use ONLY

☐ Approved ☐ Not Approved

Consultant Signature/Date: _____